

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**APPLICATION FOR EXTENSION OF TIME TO FILE  
THE ANNUAL RETURN AND RECONCILIATION  
GENERAL EXCISE/USE TAX (FORM G-49)**

Please read instructions below before preparing form.

TAXPAYER'S  
NAME: \_\_\_\_\_

BUSINESS  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**GENERAL EXCISE/USE I.D. No.**

ZIP CODE +4: \_\_\_\_\_

Application is hereby made for an extension of time to file the general excise and use tax annual return and reconciliation (Form G-49).

a. For:

☐ calendar year ending December 31, 19 \_\_\_\_\_

☐ fiscal year ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DAY YR

b. An extension is requested until:

(No more than 3 months. See Instructions below.)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DAY YR

c. This extension is necessary for the following reasons (see instructions below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. ADDITIONAL TAXES DUE (See Instructions below) Attach a check or money order for this amount in U.S. dollars payable to "HAWAII STATE TAX COLLECTOR." Write your general excise/use I.D. number on the check. If no payment is due, enter "0" . . . . .

\$

**DECLARATION**

I declare under the penalties set forth in section 231-34, HRS, that the statements contained herein are true and correct.

\_\_\_\_\_  
SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT WITH POWER OF ATTORNEY

\_\_\_\_\_  
DATE

**INSTRUCTIONS FOR PREPARATION OF THIS FORM**

- Extensions will only be granted for 3 months or less. See 7 below if additional extensions are needed.
- Extensions will only be granted for a good reason (e.g., hospitalization of taxpayer). A full explanation of the reasons you need an extension must be given.
- This extension of time to file is **NOT AN EXTENSION OF TIME TO PAY**. If additional general excise and use taxes are due for the year, write the amount due on line d. Your check or money order for the entire amount, payable in U.S. dollars to the "HAWAII STATE TAX COLLECTOR," must be attached to this form.
- Submit the completed form to the Tax Assessor of the taxation district with which you are registered ON OR BEFORE THE DUE DATE OF THE RETURN. Applications for extensions filed after that date will **not** be granted.
- If approved or denied, an approval/denial letter will be sent to the taxpayer.
- IMPORTANT** — Approved applications for extensions are **ONLY** valid if all monthly, quarterly, or semiannual periodic returns (Form G-45) for the year have been filed.
- ADDITIONAL extensions of time to file the general excise/use tax annual return and reconciliation beyond the initial 3-month period may be requested by:
  - Completing this form.
  - Attaching a copy of the previous approval letter for extension, and
  - Submitting all copies to the Tax Assessor before the expiration of the initial 3-month extension.
- IMPORTANT** — The total period for which extensions will be granted **cannot** exceed six (6) months.

THIS SPACE FOR DATE RECEIVED STAMP

**MAILING ADDRESSES**

(Please direct all inquiries and correspondence to the district office with which you are registered.)

**OAHU DISTRICT OFFICE**  
P.O. Box 1425  
Honolulu, HI 96806-1425

**HAWAII DISTRICT OFFICE**  
P.O. Box 937  
Hilo, HI 96721-0937

**MAUI DISTRICT OFFICE**  
P.O. Box 1427  
Wailuku, HI 96793-6427

**KAUAI DISTRICT OFFICE**  
P.O. Box 1687  
Lihue, HI 96766-5687